

Fig. 1

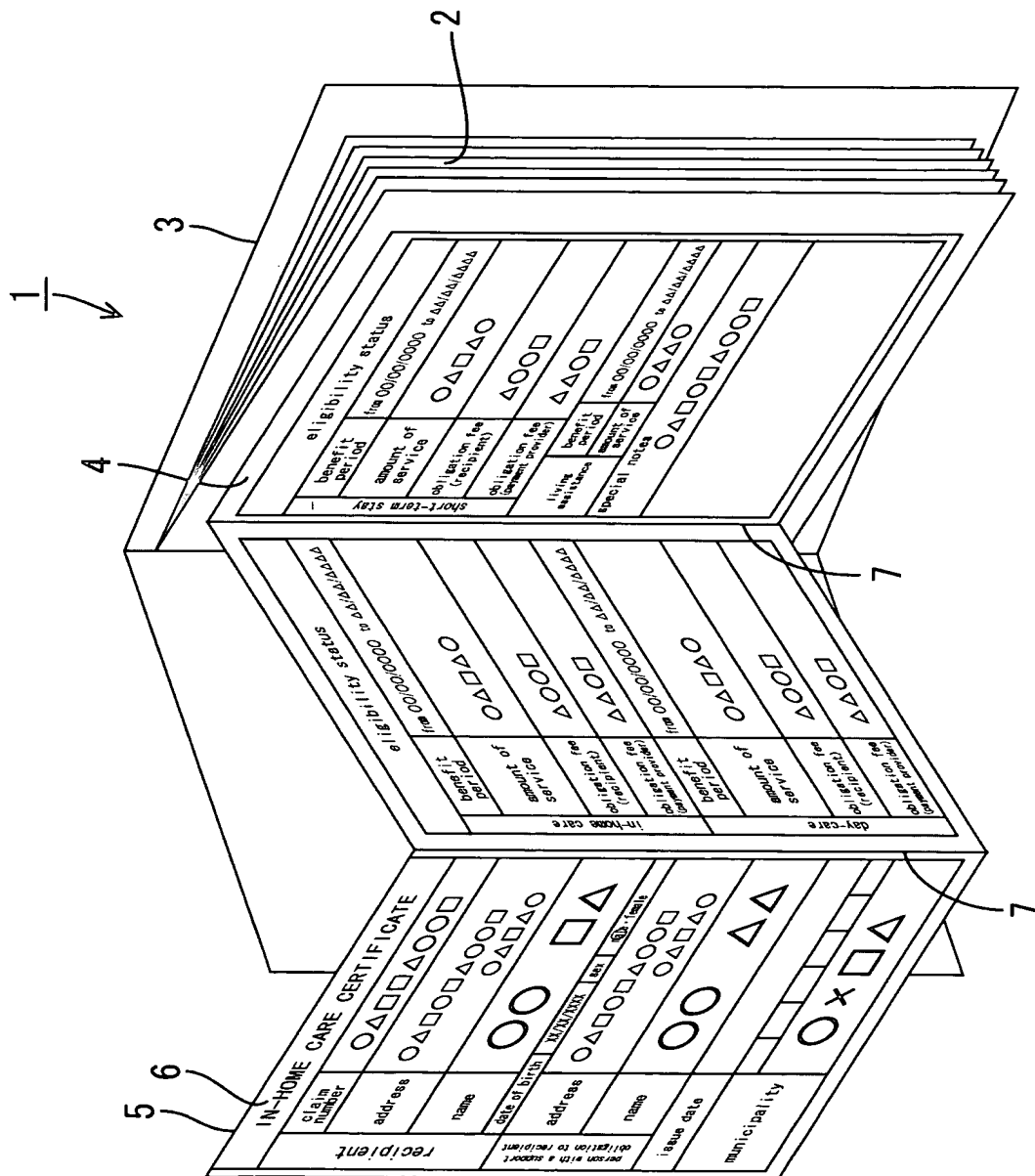


Fig.2

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IN-HOME CARE CERTIFICATE			
recipient	claim number	O△□□△○○□	
	address	O△□□△○○□ O△□△O	
	name	OO □△	
person with a support obligation to recipient	date of birth	XX/XX/XXXX	sex <input checked="" type="checkbox"/> male <input type="checkbox"/> female
	address	O△□□△○○□ O△□△O	
	name	OO △△	
issue date			
municipality		O×□△	

day-care			
benefit period	from 00/00/0000 to △△/△△/△△△△		
amount of service	O△□△O		
obligation fee (recipient)	△○○□		
obligation fee (payment provider)	△△○○		
benefit period	from 00/00/0000 to △△/△△/△△△△		
amount of service	O△□△O		
obligation fee (recipient)	△○○□		
obligation fee (payment provider)	△△○○		

short-term stay			
benefit period	from 00/00/0000 to △△/△△/△△△△		
amount of service	O△□△O		
obligation fee (recipient)	△○○□		
obligation fee (payment provider)	△△○○		
living assistance amount of service	O△△O		
special notes	O△□□△○○□		

eligibility status

eligibility stat

from 00/00/0000

from 00/00/0000 to △△/△△/△△△△

from 00/00/0000 to △△/△△/△△△△

Fig. 3

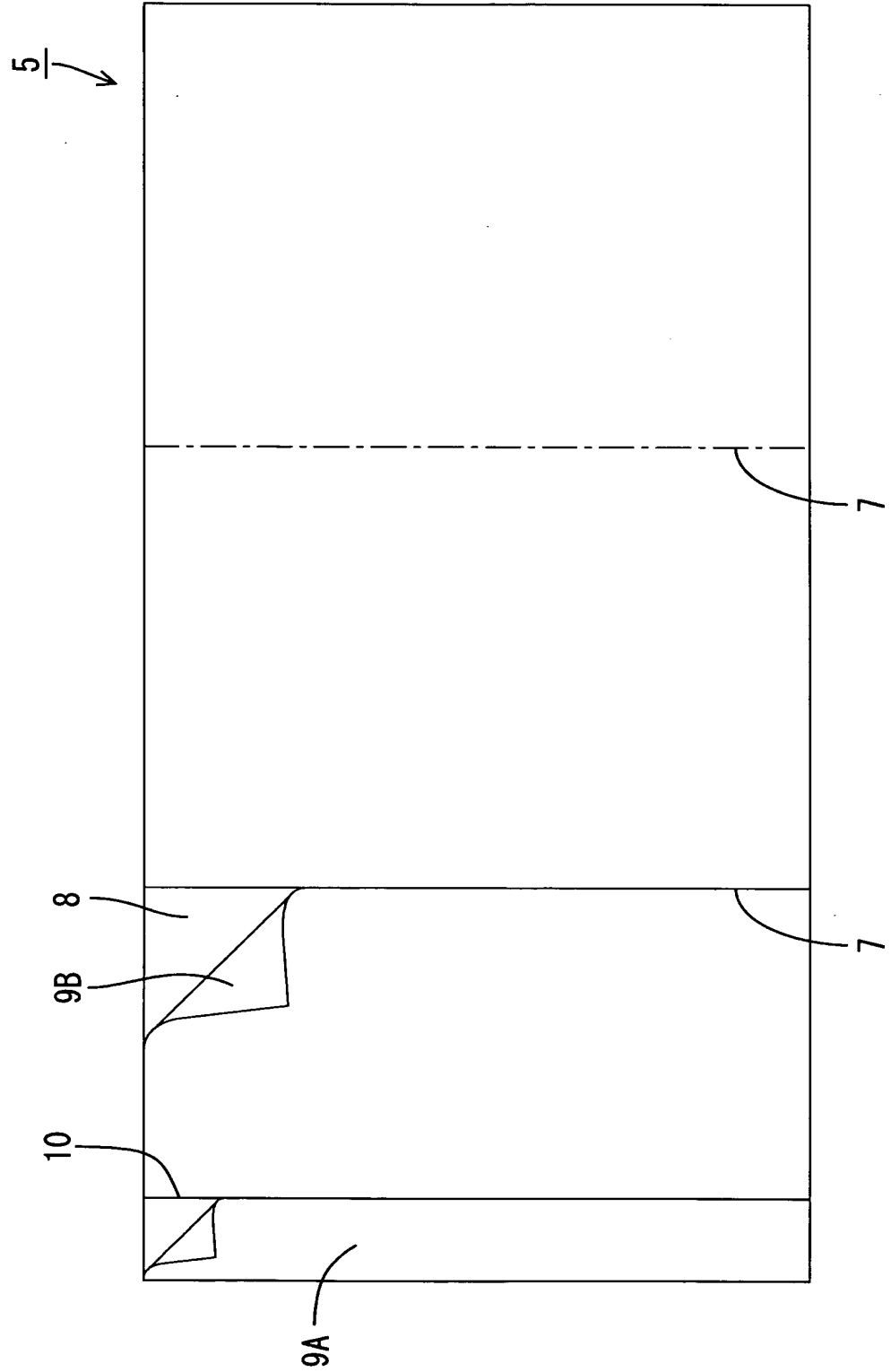


Fig. 4

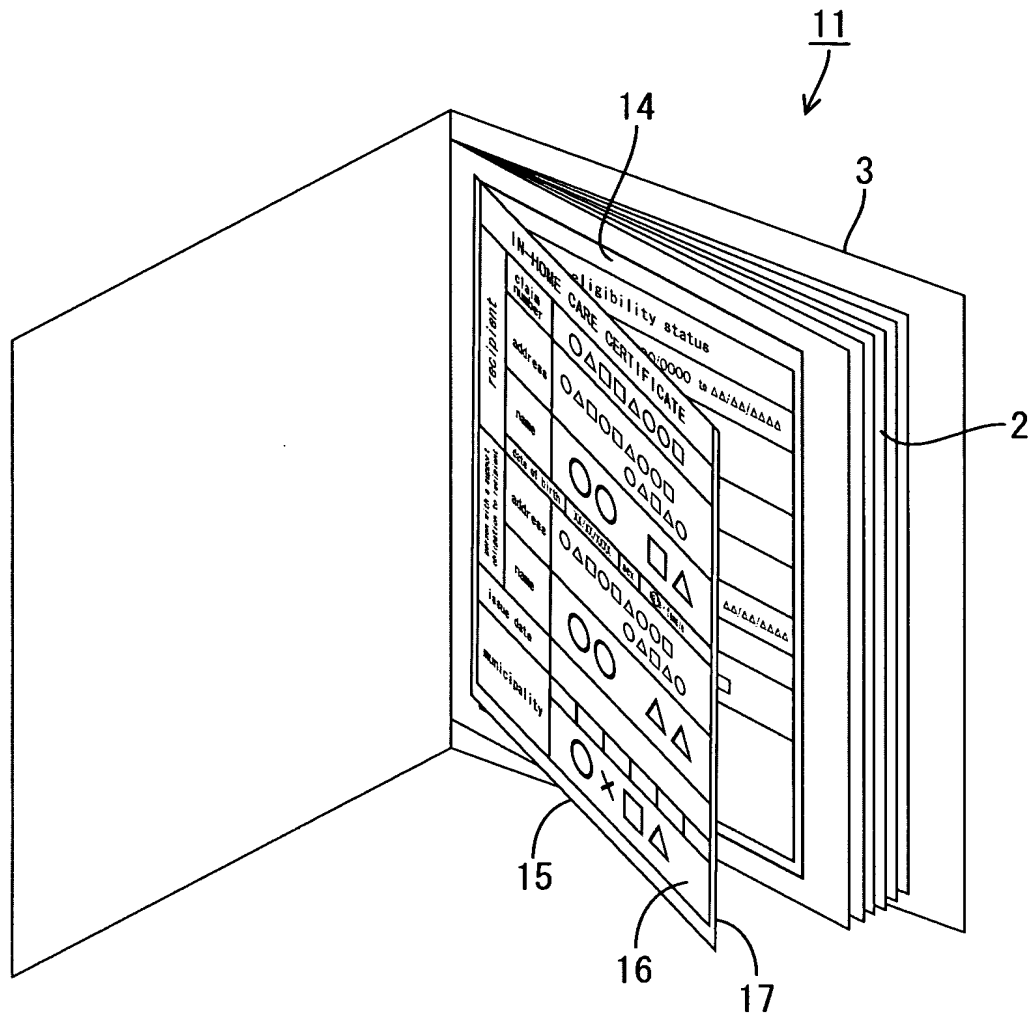


Fig. 5

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HOME CARE CERTIFICATE		eligibility status	
<div style="display: flex; justify-content: space-between;"> <div> <p>recipient</p> <p>address</p> <p>name</p> <p>date of birth XX/XX/XXXX</p> <p>sex ♀</p> <p>person with a support obligation to recipient</p> </div> <div> <p>XX/XX/XXXX</p> <p>XX/XX/XXXX</p> <p>XX/XX/XXXX</p> <p>XX/XX/XXXX</p> <p>XX/XX/XXXX</p> </div> </div>	O△□□△△○○□	from 00/00/0000 to △△/△△/△△△△	benefit period
	O△□□△△○○□ O△□△○	O△□△○	amount of service
	○○ ○□ □△	△○○□	obligation fee (recipient)
	O△□□△△○○□ O△□△○	△△○□	obligation fee (payment provider)
	○○ ○△ △△	from 00/00/0000 to △△/△△/△△△△	benefit period
issue date	amount of service	O△□△○	amount of service
municipality	O × □ △	O△□□△△○○□	special notes

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day-care		eligibility status	
<div style="display: flex; justify-content: space-between;"> <div> <p>recipient</p> <p>address</p> <p>name</p> <p>date of birth XX/XX/XXXX</p> <p>sex ♀</p> <p>person with a support obligation to recipient</p> </div> <div> <p>XX/XX/XXXX</p> <p>XX/XX/XXXX</p> <p>XX/XX/XXXX</p> <p>XX/XX/XXXX</p> <p>XX/XX/XXXX</p> </div> </div>	O△□□△△○○□	from 00/00/0000 to △△/△△/△△△△	benefit period
	O△□□△△○○□ O△□△○	O△□△○	amount of service
	○○ ○□ □△	△○○□	obligation fee (recipient)
	O△□□△△○○□ O△□△○	△△○□	obligation fee (payment provider)
	○○ ○△ △△	from 00/00/0000 to △△/△△/△△△△	benefit period
issue date	amount of service	O△□△○	amount of service
municipality	O × □ △	O△□□△△○○□	special notes

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16A

short-term stay		eligibility status	
<div style="display: flex; justify-content: space-between;"> <div> <p>recipient</p> <p>address</p> <p>name</p> <p>date of birth XX/XX/XXXX</p> <p>sex ♀</p> <p>person with a support obligation to recipient</p> </div> <div> <p>XX/XX/XXXX</p> <p>XX/XX/XXXX</p> <p>XX/XX/XXXX</p> <p>XX/XX/XXXX</p> <p>XX/XX/XXXX</p> </div> </div>	O△□□△△○○□	from 00/00/0000 to △△/△△/△△△△	benefit period
	O△□□△△○○□ O△□△○	O△□△○	amount of service
	○○ ○□ □△	△○○□	obligation fee (recipient)
	O△□□△△○○□ O△□△○	△△○□	obligation fee (payment provider)
	○○ ○△ △△	from 00/00/0000 to △△/△△/△△△△	benefit period
issue date	amount of service	O△□△○	amount of service
municipality	O × □ △	O△□□△△○○□	special notes

Fig. 6

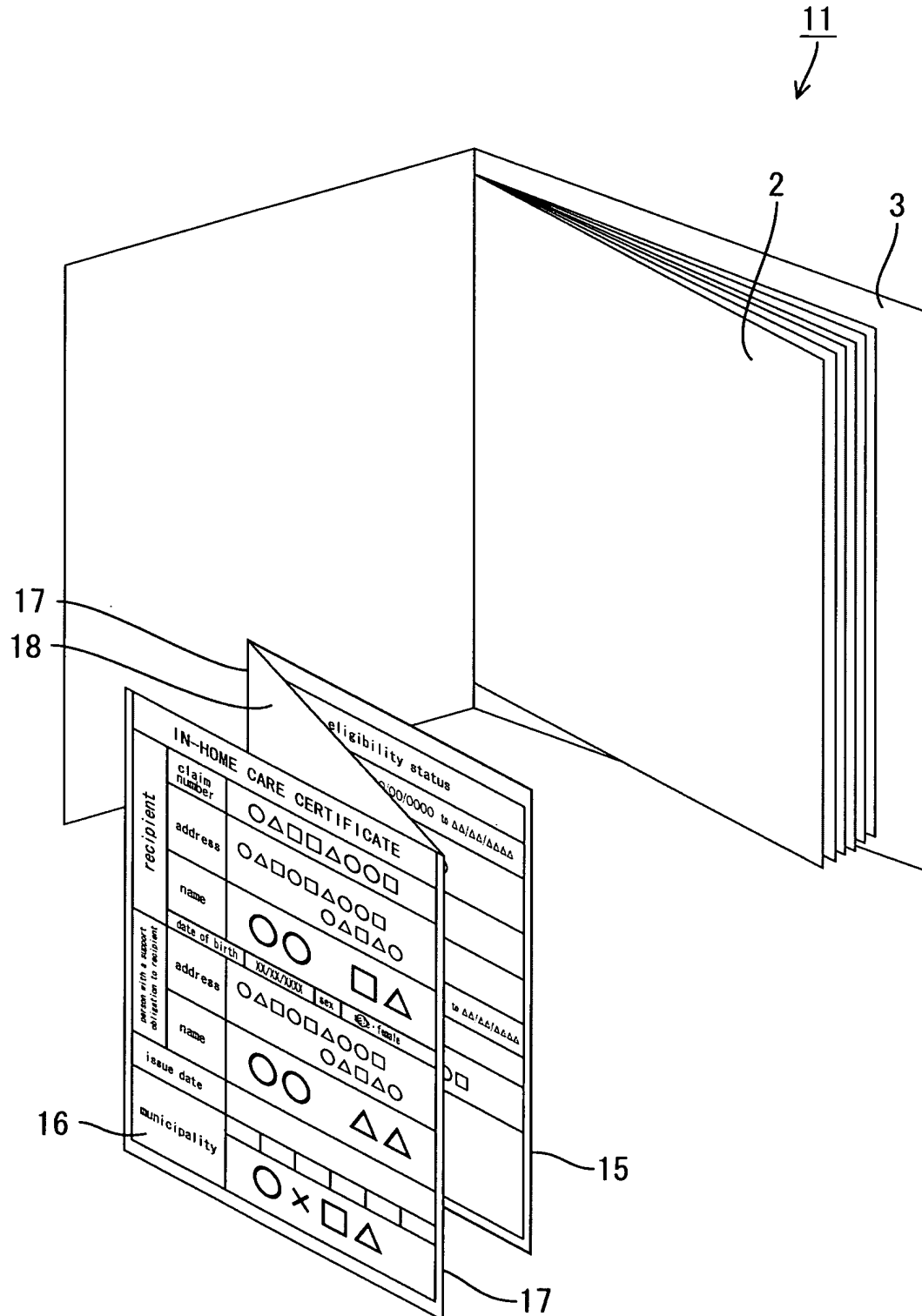


Fig. 7

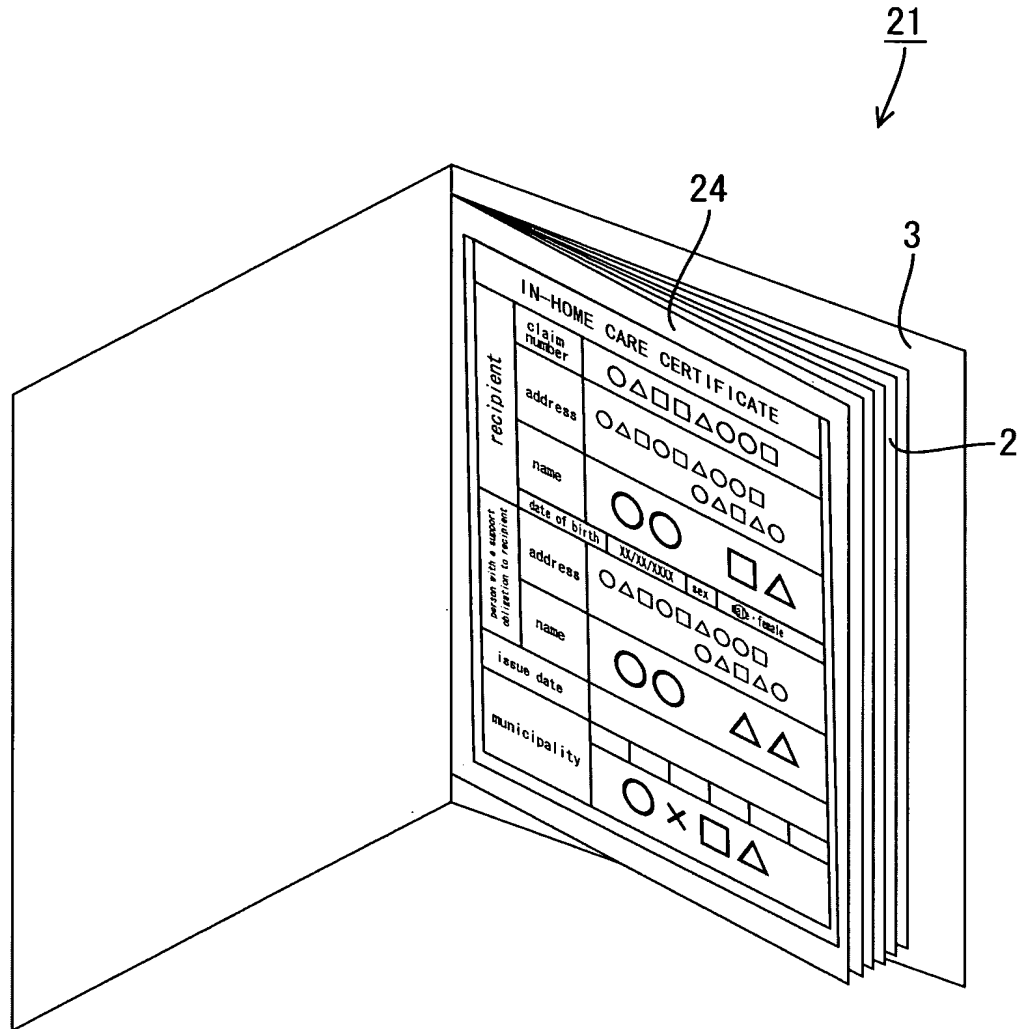


Fig. 8

IN-HOME CARE CERTIFICATE

claim number

0△□□△○○□

address

0△□□△○○□
0△□△○

name

○○ □△

date of birth

XX/XX/XXXX

sex

♂

female

♀

address

0△□□△○○□
0△□△○

name

○○ △△

issue date

municipality

○×□△

recipient

obligation to recipient

eligibility status

benefit period

from 00/00/0000 to △△/△△/△△△△

amount of service

0△□△○

obligation fee (recipient)

△○○□

obligation fee (payment provider)

△△○□

benefit period

from 00/00/0000 to △△/△△/△△△△

amount of service

0△△○

special notes

0△□□△○○□

day-care

eligibility status

benefit period

from 00/00/0000 to △△/△△/△△△△

amount of service

0△□△○

obligation fee (recipient)

△○○□

obligation fee (payment provider)

△△○□

benefit period

from 00/00/0000 to △△/△△/△△△△

amount of service

0△□△○

obligation fee (recipient)

△△○□

obligation fee (payment provider)

△△○□

short-term stay

eligibility status

benefit period

from 00/00/0000 to △△/△△/△△△△

amount of service

0△□△○

obligation fee (recipient)

△○○□

obligation fee (payment provider)

△△○□

benefit period

from 00/00/0000 to △△/△△/△△△△

amount of service

0△△○

special notes

0△□□△○○□

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Fig. 9

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IN-HOME CARE CERTIFICATE		
recipient	claim number	○△□□△○○□
	address	○△□□△○○□ ○△□△○
	name	○○ □△
	date of birth	XX/XX/XXXX
person with a support obligation to recipient	sex	♂ - male
	address	○△□□△○○□ ○△□△○
	name	○○ △△
	issue date	
municipality		○×□△

29

28

25

eligibility status		
from 00/00/0000 to ΔΔ/ΔΔ/ΔΔΔΔ		
in-home care	amount of service	○△□△○
	obligation fee (recipient)	△○○□
	obligation fee (payment provider)	△△○□
benefit period		from 00/00/0000 to ΔΔ/ΔΔ/ΔΔΔΔ
day-care	amount of service	○△□△○
	obligation fee (recipient)	△○○□
	obligation fee (payment provider)	△△○□

29 28

25

eligibility status		
from 00/00/0000 to ΔΔ/ΔΔ/ΔΔΔΔ		
short-term stay	amount of service	○△□△○
	obligation fee (recipient)	△○○□
	obligation fee (payment provider)	△△○□
living assistance	benefit period	from 00/00/0000 to ΔΔ/ΔΔ/ΔΔΔΔ
	amount of service	○△△○
special notes		○△□□△○○□